

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Myrtles Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1018 Alberta Avenue Columbia, MS 39429	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>41306</p> <p>Based on staff and Resident Representative (RR) interviews, record review, and facility policy, the facility failed to protect private health information for one (1) of six (6) sampled residents. (Resident #6)</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Confidentiality of Resident Information, with a revision date of 05/18 revealed, Policy: The health record is the property of the health care facility and is maintained to serve the resident, the health care providers, and the institution in accordance with legal regulatory requirements. All resident care information shall be regarded as confidential and available only to authorized users .</p> <p>On 6/26/24 at 10:30 AM, during a telephone interview with the RR for Resident #3, she stated that on 6/18/24, she went to the facility to retrieve copies of her brother's medical records from the facility Administrator. The RR stated that she also received three (3) pages of the medical records of Resident #6.</p> <p>A record review of copies of the three (3) pages of medical records belonging to Resident #6 that were given to the RR of Resident #3, revealed that they were copies of a Dialysis Transfer Summary, dated 6/18/24 for Resident #6.</p> <p>On 6/26/24 at 2:48 PM, during an interview with the Administrator, she confirmed that on 6/18/24, she provided the RR of Resident #3 with 1,300 pages of medical records belonging to Resident #3. The Administrator confirmed that she reviewed his medical records prior to giving them to the RR and that to her knowledge, she provided no other residents' medical records. The Administrator stated that the facility is supposed to protect the residents' health records. Since the RR received copies of medical records belonging to Resident #6, then she must have accidentally given the RR of Resident #3 medical records that did not belong to Resident #3.</p> <p>A record review of the Face Sheet, for Resident #3 revealed the facility admitted the resident on 5/6/24. The resident had diagnoses that included Hemiplegia, of the Left Non-dominant Side and Chronic Obstructive Pulmonary Disease.</p> <p>A record review of the Face Sheet, for Resident #6 revealed the facility admitted Resident #6 on 6/6/24. The resident had diagnoses that included End Stage Renal Disease and Type 2 Diabetes Mellitus.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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